

**TERMINATION OF COMPANY APPOINTMENT
OF MANAGING GENERAL AGENT**

1. Name of the MGA _____
2. FEIN # of the MGA _____
3. Name of the Insurance Company _____
4. Insurance Company NAIC # _____
5. Contact Person's Name for Insurance Company _____
6. Insurance Company Contact Person's Phone Number _____

To the Insurance Commissioner of the State of Arkansas:

It is the intent of the Insurance Company to terminate the appointment of this Managing General Agent. The undersigned as an authorized representative of the Insurance Company hereby terminates the association of the insurance company with the above listed Managing General Agent.

Date _____

Authorized Signature

Typed or Printed Name

Title